## **REQUEST FOR TRAINING COURSE APPROVAL** ETSC DISPATCHER TRAINING FUND

Send the ORIGINAL of this request to:			MCOLES USE ONLY	
Michigan Commission on Law Enforcement Standards (MCOLES)			Course Code: IT Code:	
7426 North Canal Road Lansing, MI 48913			Course Number:	
Landing, III 10010		Type of Re	quest:	
1. Agency Name			2. Date:	
Address:				
3. Course Title/Classification:				
4. Course Coordinator: Phone Number:				
5. Contact Person: Phone Number:				
6. Instructor(s): - (Attach an instructor resume for each instructor who will teach this course)				
7. Required Hours Per Day:	8. Total Course Hou	ırs:	9. Student/Instructor Ratio:	
10. Who is the Intended Audience?				
11. Please Provide a Brief Description of the Course:				
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12. Recertification/Skill Maintenance Requirements:				
12. Reserving and Manifestration requirements.				
13. Attendance Requirements: 14.		4. Facility and E	Facility and Equipment Requirements:	
15. Dates and Locations that this training will be presented:				
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16. What are the required text(s) or reading assignments?				
10. What are the required text(5) or reading assignments:				
17. What are the methods of instruction?				
18. What is the need for this course?				
19. What is the relationship of this course to 9-1-1 operations?				
19. What is the relationship of this course to 9-1-1 operations?				
20. What are the completion requirements for this course?				
21. Course Syllabus/Outline: (Provide as an Attachment With This Request)				
22. Performance Objectives: (Provide as an Attachment With this Request)				
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Authority: Completion: Penalty: 1986 PA 32, as amended Voluntary No course registration

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### **INSTRUCTIONS**

Read these instructions carefully before completing the form. The form shall be typewritten Complete all sections of the form. Attach additional sheets as necessary to completely answer all questions. Do not leave any section blank. Be sure to attach all required documentation; i.e. Instructor Resumes, Course Outline/Syllabus, and Performance Objectives. Missing and incomplete information will prevent us from processing your request. Please allow six weeks for processing.

### Form Completion

- 1. Enter the name of the Agency requesting the approval and the complete mailing address.
- 2. Enter the Date that the request was completed.
- 3. Enter the Title of the course or its Classification.
- 4. Enter the Name of the Course Coordinator and his/her phone number. This is the person who would be responsible for answering any guestions pertaining to this course and/or the completion of this form.
- 5 Enter the Name of the Contact Person and their telephone number. This should be the person that will handle all form submissions to the Michigan Commission on Law Enforcement Standards.
- 6. Attach an instructor resume for each instructor who will teach this course.
- 7. Enter the number of hours each day that the participants will be in class. If the course is self-paced, explain in box 11.
- 8. Enter the total number of hours of the program.
- 9. Enter the ratio of instructors to students.
- 10. Indicate who is the intended audience; e.g., dispatchers, call takers, dispatch supervisors, directors, etc.
- 11. Provide a description of the training program, and attach a copy of any available brochure.
- 12. Indicate the requirements that are needed to maintain the certification in this skill area.
- 13. Enter the required amount of time the participant must be in class in order to have successfully completed the course.
- 14. Indicate any special facility and equipment requirements that may be needed for this program; e.g., computers, radios, other telecommunications equipment, etc.
- 15. Indicate all dates and locations where training is scheduled to be presented.
- 16. Indicate all reading assignments and texts that will be used.
- 17. Indicate the methods of instruction; e.g. lecture, fieldwork, independent study, group projects, etc.
- 18. Indicate why is this training needed.
- 19. What is the relationship of this course to 9-1-1 operations; how does this course contribute to the effective operations of the 9-1-1 center?
- 20. What are the completion requirements for this course; i.e. will the participant have to pass a written or skills test.
- 21. Attach a course Syllabus/Outline with this request.
- 22. Attach the Performance Objectives for this course with this request.

#### Mail the completed form with all of the required attachments to:

Michigan Commission on Law Enforcement Standards (MCOLES) 7426 North Canal Road Lansing, MI 48913